UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO

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In re:	: :
THE FINANCIAL OVERSIGHT AND MANAGEMENT BOARD FOR PUERTO RICO,	: PROMESA : Title III
as representative of	: Case No. 17-BK-3283 (LTS)
THE COMMONWEALTH OF PUERTO RICO et al.,	: (Jointly Administered)
Debtors. ¹	: : X
THE SPECIAL CLAIMS COMMITTEE OF THE FINANCIAL OVERSIGHT AND MANAGEMENT BOARD FOR PUERTO RICO, ACTING BY AND THROUGH ITS MEMBERS,	: : : Adv. Proc. No
as representative of	; ;
THE COMMONWEALTH OF PUERTO RICO et al.,	; ;
Plaintiff ²	: :
V.	: :
COMPREHENSIVE HEALTH SERVICE, INC.	; ;
Defendant.	: :

The Debtors in these Title III cases, along with each Debtor's respective Title III case number listed as a bankruptcy case number due to software limitations and the last four (4) digits of each Debtor's federal tax identification number, as applicable, are the (i) Commonwealth of Puerto Rico (Bankruptcy Case No. 17-BK- 3283 (LTS)) (Last Four Digits of Federal Tax ID: 3481), (ii) Employees Retirement System of the Government of the Commonwealth of Puerto Rico ("ERS") (Bankruptcy Case No. 17-BK-3566 (LTS)) (Last Four Digits of Federal Tax ID: 9686), (iii) Puerto Rico Highways and Transportation Authority ("HTA") (Bankruptcy Case No. 17-BK-3567 (LTS)) (Last Four Digits of Federal Tax ID: 3808), (iv) Puerto Rico Sales Tax Financing Corporation ("COFINA") (Bankruptcy Case No. 17-BK-3284 (LTS)) (Last Four Digits of Federal Tax ID: 8474); and (v) Puerto Rico Electric Power Authority ("PREPA") (Bankruptcy Case No. 17-BK-4780) (Last Four Digits of Federal Tax ID: 3747).

The members of the Special Claims Committee, on the one hand, and the Official Committee of Unsecured Creditors, on the other hand, serve as co-trustees and co-plaintiffs in the prosecution of certain adversary proceeding as described in that certain Stipulation And Agreed Order By And Among Financial Oversight And Management Board, Its Special Claims Committee, And Official Committee Of Unsecured Creditors Related To Joint Prosecution Of Debtor Causes Of Action, Case No. 17-BK-3283 (LTS), ECF No. 6505-1, which is referenced herein to the extent necessary and appropriate,

SUMMONS IN AN ADVERSARY PROCEEDING

To: Comprehensive Health Service, Inc.

Cond. Montebello R335

Villa Clemntina

Trujillo Alto, PR 00976

Attn: Ana M. Pabon Ortiz, Resident Agent

YOU ARE SUMMONED and required to file a motion or answer to the complaint which is attached to this summons with the clerk of the district court within 30 days after the date of issuance of this summons, except that the United States and its officers and agencies shall file a motion or answer to the complaint within 35 days. The answer or motion must be served on the plaintiff or plaintiff s attorney, whose name and address are:

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If you make a motion, your time to answer is governed by Fed. R. Bankr. P. 7012.

If you fail to respond to this summons, your failure will be deemed to be your consent to entry of a judgment by the district court and judgment by default may be taken against you for the relief demanded in the complaint.

	CLERK OF COURT
Date:	
	Signature of Clerk or Deputy Clerk

CERTIFICATE OF SERVICE

I, (name), certify that service of this summons and a copy of the complaint was made (date) by:	
☐ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:	
□ Personal Service: By leaving the process with the defendant or with an officer or agent of defendant at:	
□ Residence Service: By leaving the process with the following adult at:	
☐ Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:	
□ Publication: The defendant was served as follows: [Describe briefly]	
☐ State Law: The defendant was served pursuant to the laws of the State of, as follows: [Describe briefly]	
If service was made by personal service, by residence service, or pursuant to state law, I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.	er
Under penalty of perjury, I declare that the foregoing is true and correct.	
Date Signature	
Print Name:	
Business Address:	